

08/23/2005 15:39 FAX 404 815 6555

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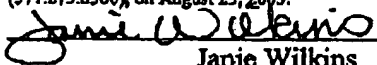
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003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: TAKAFUMI TERASAWA
SERIAL NO.: 09/707,599 GROUP ART UNIT: 3622
FILED: NOVEMBER 7, 2000 EXAMINER: ORTIZ RODRIGUEZ,
CARLOS R.

FOR: METHOD AND APPARATUS FOR
ANALYZING INPUT INFORMATION
AND METHOD OF CREATING PATTERN
FOR INPUT INFORMATION

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8
I hereby certify that this correspondence is being transmitted to the
United States Patent Office Centralized Facsimile Number
(571.273.8300), on August 23, 2005.

Janie Wilkins
DATE: August 23, 2005

ATTORNEY DOCKET NO.: 44471/249591

Mail Stop 16
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR REFUND

The above-referenced application was filed on November 7, 2000, and an Amendment in response to the non-final Office Action of January 13, 2005 was filed on July 13, 2005 inadvertently charging the large entity rate for the extension of time fee of \$1020.00 with the credit card charge form PTO-2038 attached.

Enclosed as Exhibit A is a copy of the form PTO/SB/22 as-filed authorizing the charge of that fee to the credit card and the USPTO's imprint of the charge fee. Because the above-identified application is a small entity, the undersigned hereby requests a refund of \$510.00 (the difference in the large entity rate and small entity rate). The Commissioner may apply the refund to Deposit Account No. 11-0855.

08/23/2005 15:39 FAX 404 815 6555

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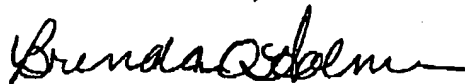
004

Serial No. 09/707,599
Docket No. 44471/249591

A duplicate of this letter is enclosed.

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Respectfully submitted,



Brenda O. Holmes
Reg. No. 40,399

OF COUNSEL:
KILPATRICK STOCKTON LLP
1100 Peachtree Street, Suite 2800
Atlanta, Georgia, 30309-4530
404-815-6530
Attorney Docket No.: 44471/249591

Appln. No. 09/707,599
Request for Refund dated August 23, 2005
Attorney Docket No. 44471/249591

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Exhibit A

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07/13/2005 19:22 FAX 404 815 8555

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PTO/SB/22 (12-04)

Approved for use through 07/01/2006. OMB 0331-0081
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005		44471/249591	
<i>(Fee pursuant to the Consolidated Appropriations Act 2005 (P.L. 109-105))</i>			
Application Number 09/707,599		Filed 11/07/2000	
For Method and Apparatus for Analyzing Input Information and Method of Creating Pattern for Input Information			
Art Unit 2184		Examiner Carlos R. Ortiz Rodriguez	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1580	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 11-0855 . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 40,339 <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if exists under 37 CFR 1.34			
Brenda O. Holmes		07-13-2005	
Signature		Date	
Typed or printed name		40,339	
		81 FC:1253	
		80808819-89787599	
		Telephone Number	
(NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.)			
<input type="checkbox"/> Total of _____ forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is in the field by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 9450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-0198 and select option 2.

PAGE 3/20 * RCVD AT 7/13/2005 7:19:54 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-40 * DNIS:2729306 * CSID:404 815 8555 * DURATION (mm:ss):05:58

PAGE 6/6 * RCVD AT 8/23/2005 3:40:14 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-6/29 * DNIS:2738300 * CSID:404 815 8555 * DURATION (mm:ss):01:50

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**KILPATRICK
STOCKTON LLP**

Attorneys at Law

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t 404 815 6500 f 404 815 6555
www.KilpatrickStockton.com

August 23, 2005

FAX

RECIPIENT/ PHONE NO.	FAX NO.	COMPANY/ CITY, STATE, COUNTRY
Centralized Fax Dept. GAU 2184	571.273.8300	U.S. Patent and Trademark Office Alexandria, VA 22313-1450

Brenda O. Holmes

FROM

8

PAGES (WITH COVER)

6559

REFERENCE NO

44471/249591

CLIENT/MATTER NO.

PLEASE CALL 404 815 6497 IF YOU HAVE DIFFICULTY WITH THIS TRANSMISSION.**CONFIDENTIALITY NOTE:**

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COMMENTS

Applicant:

Takafumi TERASAWA

Title:

Method and Apparatus for Analyzing Input Information and
Method of Creating Pattern For Input Information

Serial No./Docket No.:

09/707,599

44471/249591

Filed:

04/14/2005

PAPERS SUBMITTED:

1. PTO/SB/21 - Transmittal form; and
2. Request for Refund (original and duplicate) with exhibit A.

Date: August 23, 2005

By: Brenda O. Holmes, Reg. No. 40,339

TO BE COMPLETED BY KS OPERATIONS CENTER**TRANSMISSION RECEIPT DATE/TIME:** _____**COMPLETED BY:** _____**JOB CODE**

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PTO/SB/21 (08-04)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/707,599
	Filing Date	11/07/2000
	First Named Inventor	Takafumi TERASAWA
	Art Unit	3622
	Examiner Name	Carlos R. Ortiz Rodriguez
Total Number of Pages in This Submission	Attorney Docket Number	44471/249591

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	KILPATRICK STOCKTON LLP		
Signature	<i>Brenda O. Holmes</i>		
Printed name	Brenda O. Holmes		
Date	08-23-2005	Reg. No.	40,399

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO's Centralized Facsimile Number (571) 273.8300 on the date shown below.	
Signature	<i>Janie Wilkins</i>
Typed or printed name	Janie Wilkins
Date	08/23/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005		44471/249591	
<small>(Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4813))</small>			
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Art Unit 2184		Examiner Carlos R. Ortiz Rodriguez	

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	Fee	Small Entity Fee	
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<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1020
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **11-0855**. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number **40,339**

☐ attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____

Brenda O. Holmes 07-13-2005
Signature Date

Brenda O. Holmes **40,339**
Typed or printed name Telephone Number

01 FC:1253 **80088819 89787599**

1020.00

☐ Total of _____ forms are submitted.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Adjustment date: 10/27/2005 SDIRETA1
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10/27/2005

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